## **Breath of Love Advanced Course 2020 Tracking Sheet**

This tracking sheet is for you to track your progress, and for Julia to follow your journey so she can support you the best way possible.

## Introductory Workshops (at least 7 Total):

Giving introductory workshops is optional. However, it is highly recommended you facilitate as many of these as possible to bring more clients to your private sessions and your weekend immersion.

	Workshop Date	Location	Attendance	Paid OR Donation	Questions & Notes
1					
2					
3					
4					
5					
6					
7					

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We	ekend Immersion (1 Total)  Date Weekend Immersion Held:  Location of Weekend Immersion:  Total Attendance of Weekend Immersion:  Weekend Immersion paid (how much) or donation?
	Weekend immersion notes & questions for Julia
I	

## Private in-person <u>Breath of Love</u> sessions (20 Total):

Private	in-person Breath of Love sessions completed:						
1.	First Name of Client:	Date Session Completed:					
2.	First Name of Client:	Date Session Completed:					
3.	First Name of Client:	Date Session Completed:					
4.	First Name of Client:	Date Session Completed:					
5.	First Name of Client:	Date Session Completed:					
6.	First Name of Client:	Date Session Completed:					
7.	First Name of Client:	Date Session Completed:					
8.	First Name of Client:	Date Session Completed:					
9.	First Name of Client:	Date Session Completed:					
10.	First Name of Client:	Date Session Completed:					
11.	First Name of Client:	Date Session Completed:					
12.	First Name of Client:	Date Session Completed:					
13.	First Name of Client:	Date Session Completed:					
14.	First Name of Client:	Date Session Completed:					
15.	First Name of Client:	Date Session Completed:					
16.	First Name of Client:	Date Session Completed:					
17.	First Name of Client:	Date Session Completed:					
18.	First Name of Client:	Date Session Completed:					
19.	First Name of Client:	Date Session Completed:					
20.	First Name of Client:	Date Session Completed:					
Private long-distance <u>Breath of Love</u> sessions on video (4 Total):  Private long-distance Breath of Love session completed:							
	First Name of Client:	Date Session Completed:					
	First Name of Client:	Date Session Completed:					
	First Name of Client:	Date Session Completed:					
	First Name of Client:	Date Session Completed:					
Private Somatic Unwinding sessions (12 Total):							
Private	Somatic Unwinding sessions completed:						
1.	First Name of Client:	Date Session Completed:					
2.	First Name of Client:	Date Session Completed:					
3.	First Name of Client:	Date Session Completed:					
4.	First Name of Client:	Date Session Completed:					
5.	First Name of Client:	Date Session Completed:					
6.	First Name of Client:	Date Session Completed:					
7.	First Name of Client:	Date Session Completed:					
8.	First Name of Client:	Date Session Completed:					
9.	First Name of Client:	Date Session Completed:					
	First Name of Client:	Date Session Completed:					
11.	First Name of Client:	Date Session Completed:					
12.	First Name of Client:	Date Session Completed:					